ENTRY BLANK
PLEASE TYPE OR PRINT Entered previous May Sho
Ms. □ no
Mr. Artist ROS EAUNE SASSAN (Last Name Last)
* Lee below (Last Name Last)
Permanent 1220 CHAMBERS 421C
COLUMBUS
4/3212 Tel. (6/4) 488-6061
Zip Area Code
Temporary or Studio Address
Street City
Tel. ()
Zip Area Code
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?
Collaborator(If Any)
If May Show entries are not accepted or not sold: ☐ Artist will pick up at Museum.
Museum should dispose of.
☐ Museum should ship to artist C.O.D. at this address:
0
Special Instructions When necessary include below instructions or a drawing of how
the object is to be assembled and displayed.
to has reject sta. from last
year in hallings.
This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 13, 1979.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature _____

ENTRY BLANKS					
1. Paintings 2. Graphics 3. Photography 4. Sculpture 5. Electric 6. Crafts					
Materials LATEX					
Title MOVED PAINT					
350.00	Insurance Value if NFS Only Size			EACH	
GRAPHICS AND PHOTOGRAPHY ONLY					
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Materials					
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Title					
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GRAPHICS AND PHOTOGRAPHY ONLY					
Additional No. For	r Sale Total No. in Edition		rice nframed	Price of Frame	
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DEJECTED		DET	CTED	DATE	
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